

County: Manitowoc  
 SHADY LANE NURSING CARE CENTER  
 1235 SOUTH 24TH STREET

Facility ID: 8100

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MANITOWOC 54220 Phone: (920) 682-8254  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 168  
 Total Licensed Bed Capacity (12/31/01): 168  
 Number of Residents on 12/31/01: 166

Ownership: Non-Profit Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? Yes  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 165

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	29.5
Supp. Home Care-Personal Care	No					1 - 4 Years	49.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.2	More Than 4 Years	21.1
Day Services	No	Mental Illness (Org./Psy)	45.8	65 - 74	5.4		-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	33.1		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.0	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	1.8		100.0	(12/31/01)	
Other Meals	No	Cardiovascular	24.1	65 & Over	98.8	-----	
Transportation	No	Cerebrovascular	10.2		-----	RNs	7.2
Referral Service	No	Diabetes	1.8	Sex	%	LPNs	4.3
Other Services	No	Respiratory	1.8		-----	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	14.5	Male	21.1	Aides, & Orderlies	
Mentally Ill	No		-----	Female	78.9	35.0	
Provide Day Programming for			100.0		-----		
Developmentally Disabled	No				100.0		

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)				
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	12	100.0	377	98	91.6	97	0	0.0	0	45	95.7	132	0	0.0	0	0	0.0	155	93.4
Intermediate	---	---	---	9	8.4	80	0	0.0	0	2	4.3	132	0	0.0	0	0	0.0	11	6.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	12	100.0		107	100.0		0	0.0		47	100.0		0	0.0		0	0.0	166	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	10.6	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	2.4	63.3	34.3	166
Other Nursing Homes	8.8	Dressing	12.0	71.1	16.9	166
Acute Care Hospitals	73.5	Transferring	22.9	61.4	15.7	166
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	19.3	56.6	24.1	166
Rehabilitation Hospitals	0.0	Eating	34.9	50.6	14.5	166
Other Locations	7.1	*****				
Total Number of Admissions	113	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	6.0	Receiving Respiratory Care	4.2	
Private Home/No Home Health	29.4	Occ/Freq. Incontinent of Bladder	2.4	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	57.2	Receiving Suctioning	0.0	
Other Nursing Homes	0.9			Receiving Ostomy Care	4.8	
Acute Care Hospitals	12.8	Mobility		Receiving Tube Feeding	1.8	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	4.8	Receiving Mechanically Altered Diets	33.1	
Rehabilitation Hospitals	0.0					
Other Locations	14.7	Skin Care		Other Resident Characteristics		
Deaths	42.2	With Pressure Sores	12.7	Have Advance Directives	73.5	
Total Number of Discharges (Including Deaths)	109	With Rashes	8.4	Medications		
				Receiving Psychoactive Drugs	51.2	

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.2	92.7	1.06	84.1	1.17	85.8	1.14	84.6	1.16
Current Residents from In-County	98.2	74.5	1.32	79.3	1.24	69.4	1.41	77.0	1.28
Admissions from In-County, Still Residing	43.4	27.9	1.55	25.5	1.70	23.1	1.87	20.8	2.08
Admissions/Average Daily Census	68.5	95.2	0.72	110.2	0.62	105.6	0.65	128.9	0.53
Discharges/Average Daily Census	66.1	95.2	0.69	110.6	0.60	105.9	0.62	130.0	0.51
Discharges To Private Residence/Average Daily Census	19.4	31.4	0.62	41.2	0.47	38.5	0.50	52.8	0.37
Residents Receiving Skilled Care	93.4	91.4	1.02	93.8	1.00	89.9	1.04	85.3	1.09
Residents Aged 65 and Older	98.8	97.3	1.02	94.1	1.05	93.3	1.06	87.5	1.13
Title 19 (Medicaid) Funded Residents	64.5	64.2	1.00	66.9	0.96	69.9	0.92	68.7	0.94
Private Pay Funded Residents	28.3	29.6	0.96	23.1	1.22	22.2	1.27	22.0	1.29
Developmentally Disabled Residents	0.0	0.7	0.00	0.6	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	45.8	36.0	1.27	38.7	1.18	38.5	1.19	33.8	1.35
General Medical Service Residents	14.5	21.3	0.68	21.8	0.66	21.2	0.68	19.4	0.74
Impaired ADL (Mean)	51.4	49.0	1.05	48.4	1.06	46.4	1.11	49.3	1.04
Psychological Problems	51.2	50.2	1.02	51.9	0.99	52.6	0.97	51.9	0.99
Nursing Care Required (Mean)	8.1	7.5	1.08	7.5	1.09	7.4	1.09	7.3	1.11